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## FAX COVER SHEET

TO: <b>MAIL STOP ISSUE FEE</b> <b>U.S. P.T.O.</b>	From: <b>Leslie Hoffmann</b> Patent Paralegal
Tel. N/A	Tele: 408-284-8484
Fax. <b>571-273-2885</b>	Date: July 27, 2007
Sheets: Cover + <b>7</b>	
RE: <u>Applic. S/N 10/808,253 Filed March 23, 2004</u> <u>First Named Inventor: Tzong-Kwang Henry YEH, Attorney Docket # 1883-UT</u>	

*Message:*

**Please find attached:**

- 1. Transmittal;**
- 2. Part B-Issue Fee Transmittal + Duplicate;**
- 3. Revocation of Power of Attorney with New Power of Attorney and Change of Correspondence;**
- 4. Statement Under 27 CFR 3.73(b); and**
- 5. "Fee Address" Indication Form.**

**Thank you.**

**Leslie Hoffmann**  
**Patent Paralegal**  
**Integrated Device Technology, Inc.**

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TRANSMITTAL  
FORM

(to be used for all correspondence after initial filing)

		Application Number	10/808,253
		Filing Date	March 23, 2004
		First Named Inventor	Tzong-Kwang Henry YEH
		Art Unit	2189
		Examiner Name	Horace L. FLOURNOY
Total Number of Pages in This Submission		Attorney Docket Number	IDT-1883-UT

## ENCLOSURES (Check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form <input checked="" type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.63	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input checked="" type="checkbox"/> Power of Attorney, Revocation <input checked="" type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD. Number of CD(s) _____	<input type="checkbox"/> After Allowance communication to Technology Center (TC) <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): <b>FEE ADDRESS INDICATION FORM</b>
<small>Remarks</small> Statement Under 37 CFR 3.73(b)		

## SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	GREG WARDER, REG. NO. 50,208
Signature	
Date	July 27, 2007

## CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.

Typed or printed name	Leslie Hoffmann		
Signature			
	Date	July 27, 2007	

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